

ITEM 22 - RESPIRATORY CARE SERVICES:

Limitations:

1. Limited to services provided by the Health Department facilities and personnel. No requirements for prior authorization except for requests for medical supplies, equipment and appliances.

OFFICIAL

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supersedes

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Effective Date SEP 28 1987

VIRGIN ISLANDS

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April 1991

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AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY NEEDY

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

d. Skilled nursing facility services for patients under 21 years of age.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

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State/Territory: VIRGIN ISLANDS

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

24. Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

 Provided Not Provided

NOT APPLICABLE

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Supersedes New Approval Date MAY 17 1993 Effective Date MAR 1 - 1993
TN No.

Revision: HCFA-PM-91-2
April 1991

SUPPLEMENT 1 to ATTACHMENT 3.1-B
OMB No.: 0938-0193

Territory: VIRGIN ISLANDS

1. Emergency Hospital Services

Services provided with limitations. Medical necessity must be determined for emergency care.

TN No. 91-1
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TN No. NW

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State Territory of the Virgin Islands

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): _____

Limitations

1. Inpatient Services

Limited to care in general hospital facilities operated by the Department of Health, except that with prior authorization by the Bureau patient may be referred or transferred to a hospital outside the Virgin Islands. Hospitals must have a provider agreement signed with the Medical Assistance Program.

2. Outpatient Services

a. Hospital

Limited to services provided by Health Department facilities and personnel, except that with prior authorization by the Bureau, the patient may be referred or transferred to a hospital outside the Virgin Islands for receiving outpatient hospital care.

b. Rural Health Clinic

Limited to services provided by Health Department facilities.

c. Federally Qualified Health Care Centers

Limited to services provided by Health Department facilities.

3. Other Laboratory and X-ray Services

Limited to services provided by Health Department facilities and personnel, or other approved Virgin Islands laboratory or other qualified laboratory outside of the Virgin Islands when test service not available in the Health Department facilities.

Prior authorization required for off-island care and services outside V. I. Health Department facilities.

4. a. Skilled Nursing Facility Services

In the Virgin Islands this particular service is presently being developed as there are no nursing homes as such. (But this kind of service is available at the hospitals.) Prior authorization will be requested and the service is limited to persons twenty-one (21) years or older.

TN 90-2 Approval Date SEP 10 1990

Supersedes TN 82-2 Effective Date JUL 16 1990

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Page 14**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED****MEDICALLY NEEDY GROUP(S):** _____**Limitations (Continued)**

- b. **Early and Periodic Screening, Diagnosis of Eligible Individuals Under 21 Years of Age and Treatment of Conditions Found**

See attachment 3.1B, Page 14A

- c. **Family Planning Services**

Family Planning Services are limited to services provided in Department of Health facilities.

5. **Physicians' Services**

Limited to services provided by Health Department personnel, except that by prior authorization of the Bureau, referral of patients may be made to physicians who have signed a provider's agreement with the Bureau. Physician services are provided to Medicare/Medicaid recipients as specified under the Buy-In Agreement.

7. **Home Health Care Services**

Services provided by the Home Care Program of the Health Department.

No requirement for prior authorization except for requests for medical supplies, equipment and appliances.

9. **Clinic Services (Other than Hospital)**

Limited to services provided by facilities and professional staff of the Health Department, except that by prior authorization by the Bureau, clinic services outside the Virgin Islands may be obtained.

10. **Dental Services**

Limited to services provided by facilities and professional staff of the Health Department. Prior authorization required for certain specified dental services in public facilities and for all dental services provided outside of public facilities.

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The Virgin Islands Medicaid program meets the new requirements in Section 1905.R of the Act that all medically necessary diagnosis and treatment services will be furnished (including organ transplants) to EPSDT recipients, to treat conditions detected by periodic and interperiodic screening services even if the services are not included in the State Plan.

Services are provided within the Virgin Islands Health Department and Hospital facilities. If needed services are not available within the Virgin Islands facilities upon referral from attending physician, services are pre-authorized in an off-island facility.

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

MEDICALLY NEEDY GROUP(S): _____

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Limitations (Continued)

11. Physical Therapy and Related Services

Limited to services by Health Department, except that by prior authorization of Bureau, referral of patients may be made to physicians when services are not available at any government health facility.

Aged and disabled recipients under the Buy-In Agreement are covered under other specified procedures.

12. a. Prescribed Drugs

These will be provided by the Health Department pharmacies or by a local licensed pharmacy or outside licensed pharmacy that has signed a provider's agreement with the Medical Assistance Program.

b. & c. Dentures and Prosthetic Devices

Limited to prior authorization from the Bureau of Health Insurance and Medical Assistance to purchase dentures or any prosthesis or equipment on behalf of the recipient in accordance with medical prescription by physician or dentist.

d. Eyeglasses

This service includes lenses, including frames when necessary; eye prosthesis; contact lenses, prescribed by an ophthalmologist. The outpatient hospital clinic ophthalmologist makes the initial examination referring to the community optometrist for the appliances when necessary. The optometrist needs to have a provider's agreement signed with the Medical Assistance Program.

18. a. Transportation

This service will be supplied as needed, to provide ready access for the patient to the source of necessary medical care. Transportation by taxicab, common carrier, airplane or other appropriate means included if medically or otherwise necessary.

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April 1991

SUPPLEMENT 1 to ATTACHMENT 3.1-B
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Territory: VIRGIN ISLANDS

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